2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# F06000000194

Entity Name: RENAISSANCE CHARITABLE FOUNDATION INC.

Current Principal Place of Business:

6100 W 96TH ST., SUITE 105
INDIANAPOLIS, IN 46278

New Principal Place of Business:

Current Mailing Address:

6100 W 96TH ST., SUITE 105
INDIANAPOLIS, IN 46278

New Mailing Address:

FEI Number: 35-2129262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CT ( ) Delete
Name: KO, STEVEN R
Address: 6100 W 96TH ST., SUITE 105
City-St-Zip: INDIANAPOLIS, IN 46278

Title: D ( ) Delete
Name: O'CONNELL, DANIEL H
Address: 3573 E SUNRISE DR, SUITE 120
City-St-Zip: TUCSON, AZ 857183206

Title: D ( ) Delete
Name: ESTRIDGE, SUSANNE M
Address: 101 W WASHINGTON ST 715 S
City-St-Zip: INDIANAPOLIS, IN 46255

Title: P ( ) Delete
Name: BAKER, GREGORY W
Address: 6100 W 96TH ST., SUITE 105
City-St-Zip: INDIANAPOLIS, IN 46278

Title: VPS ( ) Delete
Name: COX, DOUGLAS W
Address: 6100 W 96TH ST., SUITE 105
City-St-Zip: INDIANAPOLIS, IN 46278

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ESTRIDGE, SUSANNE M
Address: 107 N. PENNSYLVANIA, SUITE 600
City-St-Zip: INDIANAPOLIS, IN 46204

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS W. COX S 01/08/2008

Electronic Signature of Signing Officer or Director — Date